PLEASE COMPLETE AND RETURN THIS FORM BY FEBRUARY 26, 2009.

State of Michigan Funds Administration 7201 W. Saginaw Hwy., Ste. 110 Lansing, Michigan 48917 12933

ATTN: Dennis S. Morrill, Funds Administrator

Our total amount of Michigan workers' compensation benefits, including redemption settlements, but excluding medical benefits, rehabilitation payments, and funeral costs paid during calendar year 2008 is:

\$ 24, 703, 648.45

This figure does not include monies reimbursed by the Second Injury Fund, Silicosis, Dust Disease and Logging Industry Compensation, or Compensation Supplement Fund.

| →Please provide complete contact information including an e-mail address← |
|---|
| Company Name Delphi Corporation Federal ID# 38.3430473 |
| Address 5825 Delphi Drive, MC 480-410-104, Troy, HI 4809 |
| Contact Person/Telephone Number of Company Hark Fraylick / Telephone 248,8/3,/252 |
| E-mail Address Mark, a. fraylick @ delphi.com |
| Certified Correct By Mark Fryk Title Hanager, Workers' Compensation |
| Service Company (if applicable) Sedgwick CmS Date 2/2.5/09 |
| Telephone Number 248. 603. 8167 |
| |

MARK FRAYLICK, MGR WORKERS' COMP DELPHI AUTOMOTIVE SYSTEMS CORP. 5825 DELPHI DRIVE MC-480-410-104 TROY, MI 48098

Mark I royked

Self-Insured Employer

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

| In Re: | | Case No. 05-44481 (RDD) | |
|--------------------------------|--|---|--|
| DELPHI CORPORATION, et al., | | Chapter 11 | |
| Debtors. | / | Honorable Robert D. Drain | |
| | <u>AFFIDAVI</u> | <u>Γ</u> | |
| RICHARD W. SMITH, | Assistant Funds Ac | dministrator of Michigan's Funds | |
| Administration, 7201 W. Sagina | aw, Lansing, Michi | igan 48917, being first duly sworn | |
| says: | | | |
| 1) That he is an Ass | That he is an Assistant Funds Administrator as authorized in Chapter 5 of | | |
| the Workers' Disability Compe | nsation Act, MCLA | A 418.515(2), and is duly authorized to | |
| and does make this affidavit. | | | |
| 2) That the statutor | That the statutory assessments as set forth by the attached Proof of Claim | | |
| for Unpaid Assessments were c | alculated based on | Delphi Corporation's 2008 indemnity | |
| losses in Michigan. | | | |
| 3) That the statutor | y assessments as se | et forth by the attached Proof of Claim | |
| for Unpaid Assessments are due | e and owing as of th | he date of this affidavit. | |
| | | Richard W. Smith | |
| STATE OF MICHIGAN | 1 |) | |
| ACTING IN THE COUNTY O | F NOTAM |) | |
| Subscribed and sworn before m | e this <u> </u> day of | | |
| Notary Public | | | |

AMY AELOLA GONEA NOTARY PUBLIC, STATE OF MI COUNTY OF INCHAM MY COMMISSION EXPIRES Oct 31, 2011

ACTING IN COUNTY OF